Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ORIGINAL	5810	A. BUILDING _____ B. WING _____	04/09/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA VISTA RETIREMENT COMMUNITY	402 EAST RODEO ROAD SANTA FE, NM 87505

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A17	7 NMAC 8.2.17 Personnel 7.8.2.17 PERSONNEL: The adult residential care facility must have and implement written personnel policies. The personnel policies must address the following: A. Qualifications for all professional and non-professional disciplines. B. Staff conduct which must foster resident safety and well-being and must not be detrimental to resident care. C. Staff training, appropriate to staff responsibilities, including, at a minimum, an orientation and an on-going, but at least annual, program which includes: Fire Safety, First Aid, Safe Food Handling practices, Confidentiality of Records and Resident information, Infection Control, Resident Rights, Reporting Requirements for Abuse, Neglect, and Exploitation, Transportation Safety for Assisting residents and operating vehicles to transport residents and Providing Quality Resident Care based on current resident needs. D. Employee personnel records, including an application for employment, TB tests and certificates, training records, and personnel actions. [4-7-97; 7.8.2.17 NMAC - Rn & A, 7 NMAC 8.2.17, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.17(C) - Required On Going Staff Training Based on record review and interview, the facility failed to ensure ongoing training for 6 of 8 facility employees.	A17	Scanned 4-28-09 ur	

TITLE _____ (X6) DATE 4/27/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A17	Continued From page 1 The findings are: A. On 4/8/09 at 11:00 AM during review of the facility records, it was noted that there was no documentation of current required training for Staff #1, #2, #3, #4, #5, #8 for the following: 1. Fire Safety 2. Safe Food Handling 3. Confidentiality of Records 4. Infection Control 5. Resident Rights 6. Reporting Requirements for Abuse, Neglect, and Exploitation 7. Providing Quality Resident Care based on current resident needs The most recent training documentation available for review was dated 1-7-08 and 1-8-08 for the listed employees. B. On 4/8/09 at 4:00 PM during interview with the manager, she acknowledged the last training was conducted in January of 2008.	A17	Required Staff training will be conducted by executive director on 4/24/9 4/30/9 and 5/1/9. residents are not affected by deficient practice - as all staff was trained last year or upon hire after 1/08. facility will add required trainings every April and October annually	
A46	7 NMAC 8.2.46 Water 7.8.2.46 WATER: A. A facility must be provided with an adequate supply of water which is of a safe and sanitary quality suitable for domestic use. Hot and cold running water under pressure must be distributed to all food preparation areas, lavatories, washrooms, and laundries. B. If the water supply is not obtained from an approved public system, the private water system must be inspected, tested, and approved by the Environmental Health Authority prior to licensure. It is the facility's responsibility to insure that subsequent periodic testing or inspection of such private water systems be made at intervals as prescribed by the Environmental Authority.	A46		

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A46	Continued From page 2 C. The hot water temperature accessible to residents must be maintained at a minimum of 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit. Hot water in excess of 110 degrees Fahrenheit is permitted in kitchen and laundry areas, provided residents are supervised to prevent injury. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.46 NMAC - Rn, 7 NMAC 8.2.46, 8-31-00] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.46 C. Based on observation and interview, the facility failed to maintain the hot water temperature accessible to residents between 95 and 110 degrees Fahrenheit. The findings are: A. On 4/8/09 during direct observation of the water temperatures of the resident accessible toilet rooms, the water temperature was observed to be: 1. Bathroom sink joining Bedroom #21 & #22 - 64.0 at 2:34 PM 2. Community bathroom (#1) sink - 70.0 at 2:08 PM 3. Bathroom sink in bedroom #15 - 90.0 at 2:12 PM 4. Bathroom sink in bedroom #16 - 90.0 at 2:16 PM 5. Bathroom sink in bedroom #17 - 78.0 at 2:21 PM 6. Bathroom sink in bedroom #20 - 70.0 at 2:25 PM 7. Both bathroom sinks in bedroom #22 had not hot water 8. Bathroom sink in bedroom #23 - 90.0 at	A46	A46 Bathrooms sharing water heater for #'s 15, 16, #23 was adjusted immediately by Mtnce Director; New thermostat for no. readings was purchased and corrected same day these now read 100°. Staff will continue to test and records temps monthly. 4/9/9 A46 Bathrooms #'s 21, 22, 17, 20, and sink in comm bath, will be between 95° & 110° by 4/28/9 - by Mtnce Director New circulation pump was purchased to trouble shoot problem - Staff will take new readings w/ new thermo-Stat and continue to test and record monthly. Residents were not affected by dog. practice 4/28/9	

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A46	Continued From page 3 2:30 PM B. On 4/8/09 during interview with the manager, she acknowledged the stated water temperatures.	A46		